



PUBLIC HEALTH

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**HIV Rule Proposal
Chapters 246-100 and 246-101 WAC
April 13, 2005**

Presentation To Address

- Quick Review of January DOH Presentation
- Response to Issues Raised at the March 2005 Board Meeting
- Summary of Comments Received Since Filing of CR 102

Impetus for Rule Review

- Policy Summit Report - 2001
- HIV Prevention Study Committee Report - March 2002
- WSALPHO / AIDSNET Issue Papers – March 2003
- CDC Advancing HIV Prevention Initiative – 2003

Purposes of the Review / Update

- Increase the proportion of HIV-infected persons who know their HIV status
- Increase the proportion of persons exposed to HIV who are informed of that exposure
- Address the prevention and control of blood borne infections other than HIV

Proposed Rules Address Four Major Topics:

- HIV Testing
- HIV Counseling (Pre and Post test)
- HIV Partner Counseling and Referral Services (aka Partner Notification)
- HIV Prevention with HIV-Infected Persons

HIV Testing: Consent

Proposed Rule Changes

- Maintain requirement for specific informed consent
- Clarify that consent may be written or verbal
- Consent should be documented

HIV Testing: Client Information

Proposed Rule Changes

- Recognize the different needs of new testers and repeat testers
- Limit required information to four critical points
- As appropriate, provide information on anonymous testing

HIV Testing: Changes in HIV Testing Technology

Proposed Rule Changes

- FDA and CDC approved tests are acceptable to confirm positive test result
- Provide standards for the interpretation and provision of rapid test results

HIV Testing: De-linking Counseling and Testing

Proposed Rule Changes

- De-link Counseling and Testing
- Client-centered: client can “opt-out” based on client needs

HIV Pre-test and Post Test Counseling

Proposed Rule Changes

- Eliminate long list of information-giving requirements
- Eliminate out-dated and erroneous information
- Focus on “client centered” counseling: assist to set goals, provide skills-building opportunities
- Provide consistency with CDC recommendations

Partner Counseling and Referral Services (PCRS): Ensuring Responsibility

Proposed Rule Changes

- Local health officer (LHO) has primary responsibility for ensuring PCRS
- Private provider can inform LHO of desire to perform PCRS
- Establishes timeframe for follow-up by LHO
- CDC guidelines referenced as standard for public and private providers

Partner Counseling and Referral Services (PCRS): Record Retention

Proposed Rule Changes

- LHO allowed to maintain such records past 90 days when the information is necessary to conclude active investigations

HIV Prevention with HIV-Infected Persons

Proposed Rule Changes

- Continued instruction (as appropriate to the patient) on how the disease is transmitted and the importance of refraining from acts that transmit the disease.

**Responses to Concerns, Other
Issues, Questions, and
Recommendations Raised at the
March 9, 2005 Board Meeting**

Concern: Separate and Written Consent

Continue to support the proposed language as consistent with CDC recommendations.

CDC Recommendations Include

- Documentation of informed consent should be in writing, preferably with the client's signature
- Information regarding consent may be presented separately from or combined with other consent procedures
- If consent is combined, the inclusion of HIV testing should be specifically discussed

Concern: Information on Anonymous Testing

Continue to support the proposed language

The Department will continue to support the availability of anonymous testing through contracts with the AIDSNETs

Other Issue: Testing For Other Blood Borne Infections

Not significantly discussed during the
stakeholder process

More appropriate for RCW change than WAC
change

Other Issue: Source Person Testing Within 72 Hours

Not significantly discussed during the stakeholder process

Legislative requirements for source person testing were not tied to the provision of post-exposure prophylactic treatment

Question: How Do Partner Counseling and Referral Services (PCRS) Work?

Detailed in CDC Guidelines. In brief:

- PCRS provider and client together formulate a plan and set priorities
- The provider should present partner referral options
- Develop a PCRS plan

The PCRS plan should be one that will result in each partner being

- Informed of possible exposure to HIV
- Provided with accurate information about HIV transmission and prevention
- Informed of benefits of knowing one's serostatus
- Assisted in accessing counseling, testing, and other support services

Question: Who Determines If An Investigation Is Active?

The local health officials conducting the investigation are best positioned to determine if an investigation is “active”.

For instance, maintaining a partner notification record on file for a year after all partner follow-up is complete, would not be considered an “active” investigation.

Recommendation: Develop Materials

In the subsequent Implementation Plan for these revised rules the Department will commit to develop written materials for use by providers.

Comments Received in Response to Filing of the CR 102

Were policy changes included in the reorganization of 246-100-206?

(3) Health care providers shall:

(b) At each medical encounter, when providing treatment for an infectious sexually transmitted disease, provide instruction, appropriate to each patient regarding:

QUESTIONS

Reports referred to in this presentation are available at:

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/HIV_Policy_Review.htm

Or

http://www.cdc.gov/hiv/partners/ahp_program.htm

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